

# ST. GEORGE CATHOLIC CHURCH YOUTH FAITH FORMATION

## 2020-2021 School Year Permission Form

Child's Full Name \_\_\_\_\_ (Grade Entering) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Health Concerns/Allergies \_\_\_\_\_

Child's Full Name \_\_\_\_\_ (Grade Entering) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Health Concerns/Allergies \_\_\_\_\_

Child's Full Name \_\_\_\_\_ (Grade Entering) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Health Concerns/Allergies \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Contact Numbers: \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Contact Numbers: \_\_\_\_\_

Email (we will use this for updates/reminders) \_\_\_\_\_

**UPDATE office with any change in address, phone numbers or email.**

***In case your child is ill or injured and we are unable to contact you, please provide the name of at least one relative or friend whom we may call:***

Emergency Contact # 1: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_

Emergency Contact # 2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_

**Initial all that apply and sign:**

\_\_\_\_\_ EMERGENCY MEDICAL TREATMENT: I hereby authorize the staff of St. George Catholic Church to act for me according to their best judgment in an emergency situation requiring medical attention. I give permission for my child to be transported to the nearest medical facility to receive medical treatment in the event that I cannot be immediately contacted.

\_\_\_\_\_ I give permission for my child/children to walk to other parish buildings/ground during the course of their religious education classes. I understand that my child will be accompanied by a Religious Education volunteer during any of these outings.

\_\_\_\_\_ I give permission **for authorized staff to photograph** my child/children participating in religious education activities.

\_\_\_\_\_ I have received the YFF Handbook outlining the procedures of our program. (Located on the church website at <http://www.saintgeorgeromancatholicchurch.org/religiouseducation.html> or at Religious Education office.)

\_\_\_\_\_ Date

\_\_\_\_\_ Parent / Guardian Signature  
(By checking this box and typing my name above,  
I am electronically signing this form.)